CLAIMS ONLY

Application Number *10064040* Filing Date

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2						
3				/		
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Total Indep			2			
Total Depend			5			
Total Claims			7			

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep							
Total Depend							
Total Claims							